

**In the Specification**

**Please amend paragraph 0008 as follows:**

[0008] The process starts with an Interaction 350 between Patient 304 and the Physician 308 and Staff 312. A Request 354 is sent from the Physician 308 and Physician's Staff 312 to a Supplier 316. This request is often verbal orders. Although others may fill out Part A 105 of the Form 101, typically the Supplier 316 interacts with Form 101 to fill out Part A 105 identifying the Patient 304 ~~patient~~, Supplier 316 ~~supplier~~, Physician 308 ~~physician~~ etc. The Supplier 316 is the only party authorized to fill out Part C 112 identifying what is to be supplied and what the Supplier 316 ~~supplier~~ will charge for each line item. The Step 358 of filling out Parts A 105 and C 113 typically happens before the Step 362 of supplying the Supplies 328 to the Patient 304 or the patient's caregivers. (Not shown). The Step 362 of supplying can be a sales transaction or a rental transaction in the case of certain medical equipment which can be reused by subsequent patients. Note that while the present description focuses on durable medical equipment, it can certainly be extended to consumables including disposable supplies. The periodic need for a reauthorization for a long-term supply of consumables can be handled by a re-certification of an existing certificate of medical need or by the processing of a new certificate of medical need.

**Please amend paragraph 0014 as follows:**

[0014] As evident from the above discussion, there is much delay between the provision of supplies 328 and the receipt of payment 336. The delays can be extensive, since the Physician 308 and Physician's Staff 312 often have many demands on their time which lead them to neglect the task of filling out Form 101. Thus, Supplier 316 must continue to ask the Physician 308 and or Physician's Staff 312 to complete a large queue of partially completed Forms 101. Despite

efforts by suppliers to track and remind physicians to return forms, Suppliers find that it is often several weeks after the supplies are sent out before the Supplier 316 has the documentation needed before filing a ~~request for~~ Request for Reimbursement 332 from the Third Party Payor 324.

**Please amend paragraph 0016 as follows:**

[0016] A separate problem with the prior art is that the current system does not actually check to see if the Physicians 308 are signing forms before the Physician's Staff 312 or the Supplier 316 ~~supplier~~ completes the rest of the form. The current system does not actually know if the forms are backdated and filed with Supplier's Records ~~records-320~~ with a date matching the date the Request for Reimbursement 332 was sent to the Third Party Payor 324 ~~332~~ since audits are done infrequently due to the need to travel to the site of the Supplier's Records 320 ~~supplier's records~~.

**Please amend paragraph 0017 as follows:**

[0017] A less crucial but realistic downside of the prior art use of preprinted forms is the time lags and waste associated with printing and distributing the approved forms for all the different types of documentation to show justification for all the different types of supplies. The end users must maintain an adequate inventory of a myriad of forms and must be able to effectively purge all unused copies of the form when a new revision of the form is mandated by the Third Party Payor 324 ~~third party payor~~. The problem is magnified when the various Third Party Payors 324 ~~third party payor~~ require different forms for the same supplies.

**Please amend paragraph 0018 as follows:**

[0018] One possible solution is to use existing systems to convey the partially completed form electronically from the Supplier 316 ~~supplier~~ to the Physician 308 ~~physician~~ and back again.

Most, if not all physician offices have computer equipment and could be equipped with communication equipment to allow the transfer over a modem or through a communications network such as the Internet, a Local Area Network, or Wide Area Network. The physician's office would need software to receive, read, edit, and affix a signature to the various instances of the Form 101. This sort of solution would reduce some of the time delays involved with the actual movement of the physical form, and allow the form to be sent without being physically lost in a pile of other papers (and resent if necessary).

**Please amend paragraph 0019 as follows:**

[0019] The problem of this possible solution is that the provision of medical services occurs within a highly regulated environment. In order to avoid favoritism based on suppliers providing computer equipment or software to physician offices in return for referrals, there are limits on the ability of suppliers to provide communication equipment, storage devices, terminals, or software to physician's offices. A second problem arises under the various regulations concerning privacy of medical records. Thus, under regulatory schemes such as the authorized United States law under ~~HPAA~~ HIPAA (Health Insurance Portability and Accountability Act of 1996), there are regulations to protect electronic medical records from unauthorized access or modification. As is well known in the art, read-only electronic records cannot be modified. Electronic records that can be modified make it difficult for a sequence of authors of portions of the document to be held accountable for their entries to the document.

**Please amend paragraph 0040 as follows:**

[0040] At a high level of abstraction, the Access Device 500 is comprised of a CPU 504, RAM 508, a Keyboard 512, an optional input device such as a pointing device known as a Mouse 516,

a Display System 520 comprised of display hardware, display memory, and display driver software; a Mass Storage Device 524 for storing data and a plurality of software applications 550. The software applications that are frequently found on an Access Device 500 include Communications Software 554 such as, for example, a Browser 558 or an E-mail application 562, to enable communications between the Access Device 500 and other remote devices through a Communication Port 528. In a physician's office, the Communications Software 554 (not shown here) and Communication Port may be a network interface card and necessary software to allow the Access Device 500 to communicate with other devices on a local area network. The local area network would include one or more shared communication ports to provide access to devices not physically connected to the local area network.

**Please delete paragraph 0041 from the specification.**

**Please amend paragraph 0083 as follows:**

[0083] In this example, the Supplier Employee 317 is initiating a new instance of the form set forth in FIGS. 1 and 2. Supplier Employee 317 interacts with an image of the form on the Access Device 500. To distinguish the instance of the Paper Form 101, this image of a form is given element number 102 (with 106, 110, 114, and 118 for parts A, B, C, and D.) As the image of the form is altered on the Access Device 500, the information added, deleted, or changed by the Supplier Employee 317 is transmitted across the communication network to a database 410 associated with Form Server 404. The database 410 records the changes made, who made the changes, how the user was credentialed, and the date/time of the change.

**Please amend paragraph 0095 as follows:**

[0095] As described above, the Third Party Payor 324 may access the information on signed instances of forms as it is the Third Party Payor 324 through an access device 500 which interfaces with the Form Server 404 to allow a credentialed authorized user to view images of various instances of the form.

**Please amend paragraph 0097 as follows:**

[0097] In the event that operators of the Form Server 404 do not wish to retain completed forms for the entire period of possible audit by third party payor (which may be 7 years or more), the operators of the Form Server 404 may institute a process whereby compact discs (412) are periodically prepared (Step 454) with the database records for a given supplier for a given time period and sent (Step 458) to the Supplier Records 320 for the Supplier to check for completeness. After a designated time sufficient for the Supplier 316 to request new copies of any missing instances of forms, the original data base entries will be deleted from the Database 410 (deletion step not shown).